	PAIENI			ve Decen			TION REC	ORE)	9/61	77/	n X		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN		
F	OR		NUMBER FILED			NUMBER EXTRA			RATE		٦	RATE	FEE	
В	ASIC FEE		書いまして 1992 とうけい ファー・ディー ようごうけん					7	A	245.00				
T	OTAL CLAIMS		26 minus 20= • 6						X\$ 9=	-	I			
IN	DEPENDENT (CLAIMS	14 18 minus 3 = 12					11		-			108	
M	MULTIPLE DEPENDENT CLAIM PRESENT								X39=	-	OR	X78⇒	936	
If the difference in column 4 is less than any set with the									+130=		OR	+260=		
# LG /								•	TOTAL		OR	TOTAL	173	
L	Abilo KLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
_	A STATE	y a	AIMS			Column 2) Highest	(Column 3)	1 6	OMALI	ADDI-	OR T	SMALL	ENTITY	
AMENDMENT /		A	AINING TER IDMENT		PI	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL	ŀ	RATE	ADDI- TIONAL FEE	
	Total	<u> </u>	0	Minus	"	24	• -]	X\$ 9=	1.	OR	X\$18=		
	Independent	PRESENTATIO		Minus			= -] [X39=		OR	X78=		
-	FINST PHESI	ENTAIL	N OF M	OLTIPLE DE	PENL	ENT CLAIN		J	+130=	1	OR	+260=		
_	1 1 -							L	TOTAL		4	TOTAL	 	
J	128/05	(Colu	JMN 1)		(C	olumn 2)	(Column 3)		DOIT. FEE		OR	ADDIT. FEE		
AMENDMENI B		REM	AIMS AINING	有物效		HIGHEST NUMBER	PRESENT	וו		ADDI-	1		ADDI-	
	May 1		TER DMENT	74.5	PF	EVIOUSLY MID FOR	EXTRA	IL	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	• 4		Minus	-	26	- 0		X\$ 9=		OR	X\$18=	0	
	Independent	NTATIO	人 N OF MI	Minus JLTIPLE DE	PEND	PAT CLAIM	- ()		X39=		OR	X78=	0	
نس						277 027127			+130=		OR	+260=	,	
								AC	TOTAL DIT. FEE		OR ,	TOTAL DOIT, FEE	(
_			mn 1)	*11 8 7 1 N 3		olumn 2)	(Column 3)	7						
		REMA	ims ining Ter		N	IGHEST IUMBER	PRESENT	Γ		ADDI-	ſ		ADDI-	
			MENT	1.		AID FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•		Minus	••		=		X\$ 9=		OR	X\$18=		
	Independent	•		Minus	***		2	 	X39=		ŀ	X78=		
_[FIRST PRESE	NTATIO	OF MU	LTIPLE DEF	END	NT CLAIM		H	NU5=		OR	A/d=		
	the entry in colum	nn 1 is les	s than th	entry in col·=	na 2 =	with "O" to and	umo 9		130= 101/4L		OR	+260=		
1	If the entry in column 1 is less than the entry in column 2, write "O" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR A	TOTAL DOIT, FEE		
T	he "Highest Num	ber Previ	ously Paid	For (Total or	Indep	Indent) is the	highest number	found	in the app	ropriate box	in colu	mn 1.		

FORM #10-675 (Rev. 12/99) Application or Docket Number